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**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR § 1.53(b))

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

1. *Fee Transmittal Form (e.g., PTO/SB/17)
(submit an original and a duplicate for fee processing)

2. Applicant claims small entity status.

3. Specification [Total Pages 17]
(preferred arrangement set forth below)
 - Descriptive title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference sequence listing, a table, or a computer program listing appendix or computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure

4. Drawing(s) (35 U.S.C. 113) [Total Sheets 7]
 Informal Formal

5. Oath or Declaration [Total Pages 3]

a. Newly executed (original or copy)
 b. Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 18 completed)
 i. **DELETION OF INVENTOR(S)**
 Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

6. Application Data Sheet. See 37 CFR 1.76

Attorney Docket No. 1104-767

First Inventor Th mas P. Kasting

Title Inverted Dispensing Pump

Express Mail Label No. EL 983134475 US

ADDRESS TO:
 Commissioner for Patents
 Mail Stop Patent Application
 P.O. Box 1450, Alexandria, VA 22313-1450
22186 U S P T O 09/10/03
S 9462

7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)

8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
 a. Computer Readable Form (CRF)
 b. Specification Sequence Listing on:
 CD-ROM or CD-R (2 copies); or
 paper
 c. Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. Assignment Papers (cover sheet & document(s))

10. 37 C.F.R. § 3.73(b) Statement Power of Attorney
(when there is an assignee)

11. English Translation Document (if applicable)

12. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations

13. Preliminary Amendment

14. Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)

15. Certified Copy of Priority Document(s)
(if foreign priority is claimed)

16. Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i).
Applicant must attach form PTO/SB/35 or its equivalent.

17. Other: _____

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-part (CIP) of prior application No: _____
 Prior application information: Examiner: _____ Group / Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label (Insert Customer No.)	or <input checked="" type="checkbox"/> Correspondence address below				
Name	Woodard, Emhardt, Moriarty, McNett & Henry LLP				
Address	Bank One Center/Tower 111 Monument Circle, Suite 3700				
City	Indianapolis	State	IN	Zip Code	46204-5137
Country	USA	Telephone	(317) 634-3456	Fax	(317) 637-7561
Name (Print/Type)	Charles P. Schmal			Registration No. (Attorney/Agent)	45,082
Signature	<i>Charles P. Schmal</i>			Date	September 10, 2003

Express Mail Label Number EL 983134475 US**Date of Deposit September 10, 2003**

I hereby certify that this paper is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR Section 1.10 on the date indicated above and is addressed to the Commissioner for Patents, Mail Stop Patent Application, P.O. Box 1450, Alexandria, VA 22313-1450.

Cheryl Kallenger
Signature of person mailing paper or fee

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Mail Stop Patent Application, P.O. Box 1450, Alexandria, VA 22313-1450.

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FEE TRANSMITTAL FOR FY 2003

Patent fees are subject to annual revision.

09/10/03

Total Amount of Payment (\$880.00)

Complete if Known	
Application Number	New UTILITY Application
Filing Date	September 10, 2003
First Named Inventor	Thomas P. Kasting
Group Art Unit	Unassigned
Examiner Name	Unassigned
Attorney Docket Number	1104-767

METHOD OF PAYMENT

Check Credit card Money Other Order None

Deposit Account:

Deposit Account Number

23-3030

Deposit Account Name

Woodard, Emhardt, Moriarty,
McNitt & Henry LLP

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application, excluding the payment of issue fees
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

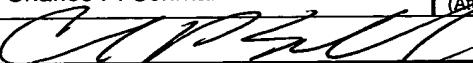
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1001	750	2001	375	Utility Filing Fee	750.00
1002	330	2002	165	Design Filing Fee	
1003	520	2003	260	Plant Filing Fee	
1004	750	2004	375	Reissue Filing Fee	
1005	160	2005	80	Provisional Filing Fee	
SUBTOTAL (1)				(\$)	750.00

2. EXTRA CLAIM FEES

		Extra Claims	Fee From Below	Fee Paid
Total Claims	25	-20** =	5	X 18 = 90.00
Independent Claims	3	-3** =	0	X = 0.00
Multiple Dependent				

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1201	84	2201	42
1203	280	2203	140
1204	84	2204	42
1205	18	2205	9
Claims in excess of 20			
Independent claims in excess of 3			
Multiple dependent claim, if not paid			
**Reissue independent claims over original patent			
**Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2) (\$)			
90.00			
Other Fee (specify)			
* Reduced by Basic Filing Fee Paid			
SUBTOTAL (3) (\$)			
40.00			

**or number previously paid, if greater; For Reissues, see above

SUBMITTED BY	Complete if applicable		
Name (Print/Type)	Charles P. Schmal	Registration No. (Attorney/Agent)	45,082
Signature		Date	September 10, 2003

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.